

SOLID WASTE VEHICLE INSPECTION FORM

HAULER INFORMATION							
Name:				Phone:			
Address:			City:			State:	Zip:
Vehicle Type:	<input type="checkbox"/> Packer <input type="checkbox"/> Loader <input type="checkbox"/> Other						
Vehicle Licenses #:							

C	V	C=Compliance V=Violation												
		14 CCR 17341 EQUIPMENT CONSTRUCTION												
		<p>VEHICLE CONSTRUCTION INFORMATION</p> <p> <input type="checkbox"/> Durable. <input type="checkbox"/> Easily cleanable. <input type="checkbox"/> Designed for safe handling. <input type="checkbox"/> Constructed to prevent loss of wastes during collection and transportation. <input type="checkbox"/> Vehicle used to collect and transport wet or liquid wastes leak resistant. </p> <p>VEHICLE MAINTENANCE</p> <p> <input type="checkbox"/> Vehicle maintained in good condition. <input type="checkbox"/> Cleaned at a frequency and in a manner so as to prevent the propagation or attraction of vectors and creation of nuisances. <input type="checkbox"/> Hydraulics maintained. </p>												
		14 CCR 17342 EQUIPMENT SAFETY												
		<p> <input type="checkbox"/> Vehicle constructed and maintained to minimize health and safety hazards to collection personnel and the public. Vehicle provides required safety devices: </p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Fire Extinguisher</td> <td><input type="checkbox"/> Brake Lights</td> <td><input type="checkbox"/> Turn Signals</td> <td><input type="checkbox"/> Lights</td> </tr> <tr> <td><input type="checkbox"/> Horn</td> <td><input type="checkbox"/> Seat Belts</td> <td><input type="checkbox"/> First Aid Kit</td> <td><input type="checkbox"/> Back-up Alarm</td> </tr> <tr> <td><input type="checkbox"/> Mirrors</td> <td><input type="checkbox"/> Reflective Warning Triangles</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Brake Lights	<input type="checkbox"/> Turn Signals	<input type="checkbox"/> Lights	<input type="checkbox"/> Horn	<input type="checkbox"/> Seat Belts	<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Back-up Alarm	<input type="checkbox"/> Mirrors	<input type="checkbox"/> Reflective Warning Triangles		
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		14 CCR 17343 EQUIPMENT PARKING												
		Designated off-street parking provided for equipment												
		14 CCR 17344 IDENTIFICATION OF OPERATOR												
		Vehicle clearly marked with name of agency or firm operating the vehicle (Phone #)												
		14 CCR 17345 INSPECTION OF EQUIPMENT												
		Equipment available for inspection												

VIOLATIONS/CORRECTIVE ACTIONS REQUIRED	Date

Inspector:	Date:
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